



DURHAM COUNTY ENVIRONMENTAL HEALTH

Food Service Establishment Plan Review Checklist and Application

Please complete the information detailed in the following application.

The plan review application will not be accepted without the following items:

Plan Review Application Checklist:

- _____ Complete set of plans drawn to scale (1/4" = 1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Plans must also include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.
- _____ A site plan locating exterior equipment, such as dumpsters and walk-ins.
- _____ Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL classified for sanitation **or** be constructed to meet NSF/ANSI standards.
- _____ **Completed** Food Service Plan Review Application
- _____ Proposed menu
- _____ Plan Review Fee: \$250, (new owner and remodel submit *transitional application*)

Submittal Items Reviewed by _____

Submittal Date _____

Fee Paid _____

Staff initial

Office hours are Monday through Friday 8:30 am to 5:00 pm. If we can be of further assistance, contact Environmental Health at 560-7800, Fax submittal (919)-560-7830.



Food Service Establishment Plan Review Application

Planned opening date: _____

Name of Establishment: _____

Previous Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____

Project Contact Person

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Cell _____ - _____ - _____

Fax: _____ - _____ - _____ E-mail Address: _____

Applicant: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I certify that the information in this application is correct, and I understand that any changes may void or delay plan approval.

Name: _____

PLEASE PRINT NAME

Signature: _____ **Date:** _____

(Owner or Responsible Representative)



Food Service Establishment Plan Review Application

Hours of Operation

Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____

Type of Food Service

(check all that apply)

Restaurant _____

Sit-down meals _____

Food Stand (no seats provided) _____

Take-out _____

Drink Stand _____
(no food served but using multi-use glassware)

Single-Service _____
(Disposable dishes and/or utensils)

Commissary _____

Catering _____

Meat Market _____

Multi-use _____
(Reusable dishes and or utensils)

Lodging Facility _____

Other (Explain) _____

Food Processing Procedures

Thawing

Indicate by checking the appropriate box how food will be thawed

Thawing Process	Red Meats	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as Part of Cooking Process					



Food Service Establishment Plan Review Application

Cooling

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In the refrigerator						
Using Shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

Preparation Procedures

Produce:

Will produce be purchased fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will produce be prepared and / or rinsed? _____

Additional information: _____

Seafood:

Will Seafood be purchased fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will produce be prepared and / or rinsed? _____

Additional information: _____

Poultry:

Will poultry be purchased fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will produce be prepared and / or rinsed? _____

Additional information: _____

Pork and / or Red Meat:

Will pork and / or red meat be purchased fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will produce be prepared and / or rinsed? _____

Additional information: _____



Food Service Establishment Plan Review Application

Water Supply–Sewage Disposal

Water Supply: Municipal _____ Well _____

Sewer: Municipal _____ Onsite _____

Water Heater Specifications:

Manufacturer _____ Model _____

Capacity (gallons) _____ Recovery @ 100° Rise _____

Rating: BTU'S _____ kW _____

Dish machine:

Make _____ Model _____

Booster Heater Yes _____ No _____ GPH _____

Chemical Sanitizer Yes _____ No _____

Leased Machine Yes _____ No _____

Three-Vat Pot Wash Sink:

Vat Size (Length in inches (front to back x Width x Depth) _____" x _____" x _____"

Drain Board Length _____" x _____" x _____" Indirect Drains Yes _____ No _____

Can Wash (36" x 36") Facilities:

Location _____

Disposal of Solid Waste:

Dumpster _____ Roll out Cart _____

APPLICATION SUBMITTAL:

Attention:

Jane Andrews, REHS, Plan Review Specialist
Durham County Health and Human Services
Environmental Health Division
414 E. Main Street
Durham, NC 27701